

Indiana Department of Homeland Security  
Division of Fire and Building Safety  
Credit Card Charge Request Form  
Fire and Building Code Enforcement

Please Print

First Name: \_\_\_\_\_ ML: \_\_\_\_ Last Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Credit Card ☐ Visa ☐ MasterCard

Account Number \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_  
mm yy

CVV2 Number \_\_\_\_\_

This number is the last three digits of the number in the signature panel on the back of the credit card.

Permit/ID Number

Amount

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Paid

\_\_\_\_\_

By signing this form, card member agrees to the obligations set forth by the Card member's Agreement with the issuer.

\_\_\_\_\_  
Signature

Please complete and fax this form to:  
317-233-0401